MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/567331

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/		/		/	
2		/			/	
3		2			/	
4		①			/	
5		①			/	
6		①			/	
7		2			/	
8		②			/	
9		①			/	
10		①			/	
11		①			/	
12		①			/	
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TOTAL IND.		3				
TOTAL DEP		16				
TOTAL CLAIMS		19				

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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TOTAL IND.						
TOTAL DEP						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)